



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 09/776,586  
Filing Date: February 2, 2001  
Applicant: David BRAUN, et al.  
Group Art Unit: 2666  
Examiner: Jesse N. Alexander  
Title: ZERO CONFIGURATION NETWORKING  
Attorney Docket: 9432-000104

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action mailed November 16, 2004, Applicants hereby elect Group I and request the Examiner amend the application as follows and consider the remarks set forth below.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 14 of this paper.

12-17-04

2666

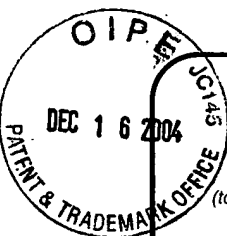
JPL

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/776,586
		Filing Date	February 2, 2001
		First Named Inventor	David BRAUN, et al.
		Art Unit	2666
		Examiner Name	Jesse N. Alexander
Total Number of Pages in This Submission		Attorney Docket Number	9432-000104

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return Postcard</b>
Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Gregory A. Stobbs	Reg. No.	28,764
Signature	<i>Greg Stobbs</i>				
Date	December 16, 2004				

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Valeri L. Mangindin	Express Mail Label No.	EV 570 163 463 US (12/16/2004)
Signature	<i>Valeri L. Mangindin</i>	Date	December 16, 2004

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